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			Criteria Fo	r Evaluating	
)			K-8 Health Inst	ructional Materials	
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3	These criteria evaluate the alignment of instructional materials with the content of				
)	the curriculum framework and the quality of those materials in the areas of grade-				
)	level emphases, curriculum content, program organization, assessment, universal				
			ectional planning and su		_
2	development and govern the adoption of K-8 instructional materials in 2004.				
3	These criteria do not recommend nor require one particular pedagogical approach.				
ļ ,	The numerical order of the criteria within each category does not imply their				
	relative importance. These criteria may also be used by publishers and local				
,	education agencies as a guide for the development and selection of instructional materials for grades 9-12.				
,	mate	eriais for grac	les 9-12.		
} )	Tho	sa critoria ara	organized into five con	tagorias:	
)	11108	se criteria are	organized into five cat	legories.	
	1.	Curriculu	m Content; the conten	t as specified in Hea	lth Framework for
2	1.	California		t as specified in Treat	un 1 raniework jor
,	2.	•	Organization; the sequ	ence and organization	on of the Health
	-•	program.	318million, the sequ	onee and organization	
	3.		nt; the strategies presen	ted in the instruction	al materials for
			what students know an		
	4.	•	Access; the informatio		ess the needs of
			dent populations, inclu		
		-	second language stude	_	-
)	5.	Instruction	nal Planning and Sup	<b>port</b> ; the instruction	al planning and
		support inf	formation and materials	s, typically including	a separate edition
		-	esigned for use by the		achers in the
		implement	ation of the Health prog	gram.	
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5			must support teaching	_	
5	Frai	mework. Ma	terials that fail to mee	t the Health content	criteria will not be

considered satisfactory for adoption. Only those programs determined to meet criterion category 1 need to be evaluated under criteria categories 2-5.

- In an effort to create focused Health instructional materials, publishers are asked to concentrate on the content as described in the Curriculum Framework, especially Chapter 3 and the grade-level emphases chart. The program must not contain
- 43 extraneous content that is fundamentally contrary to and detracts from the ability of
- teachers to teach readily and students to learn thoroughly the content specified by the Health Curriculum Framework.

# Criteria Category 1: Health Content/Alignment with Curriculum

Instructional materials support teaching and learning the skills and knowledge called for at the different grade levels as outlined in the Framework and that are designated for emphasis in the grade-level emphases chart. Materials are fully aligned with the content of the Framework. The materials must be scientifically and medically accurate, based on current and confirmed research, and enable students to develop goals of lifelong, positive health behaviors and attitudes.

To be considered suitable for adoption, instructional materials in Health will provide:

- 1. Evidence and appropriate references with page numbers that demonstrate alignment with the grade- level emphases and content found in Chapter-3 Health Education.
- 2. That all content as specified at each grade-level is supported by topics, or concepts, lessons, activities, examples, and/or illustrations, etc., as appropriate.
- 3. Integration and coordination with the eight components of coordinated school health, including *Health Education, Physical Education, Health Services, Nutrition Services, Psychological and Counseling Services, Health Promotion for Staff, Safe and Healthy School Environment, and Parent and Community Involvement*, in support of the four unifying ideas. The four unifying ideas are: *Acceptance of Personal Responsibility for Lifelong Health, Respect for and Promotion of the Health of Others, An Understanding of the process of Growth and Development, and Informed Use of Health-Related Information, Products, and Services*. Coordinated School Health consists of Health Education and the seven other components that support and reinforce instruction on health

DRAFT DRAFT DRAFT DRAFT behavior and health literacy through a collaborative effort that includes parents, the school, and the community. (Chapter 4 of the Health Framework).

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- 4. Accurate content to support Health instruction outlined in the Framework and in pertinent Education Codes.
- 5. Interesting and engaging health content that provides students with methods of evaluating accuracy of health information/claims using scientific criteria, and, when appropriate to grade level, explains how to apply information to assess health-related behaviors.
- 83 6. Medical and health vocabulary appropriately used and accurately defined.
- 7. Content in the program is scientifically and medically accurate and reflects current practices used by health professionals.
- 86 8. Direct instruction and activities that focus on the student improving and demonstrating proficiency in the grade-level emphasized health topics.
- 9. Instruction that is appropriate to the grade level and develops Health literacy. Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health-enhancing.
- 92 10. When appropriate, provide students opportunities to increase their knowledge 93 and understanding of Health while reinforcing the skills and knowledge called 94 for in the physical education, reading/language arts, mathematics, science, 95 history-social science, and visual and performing arts curriculum frameworks.
- 96 11. When called for by the grade-level emphases chart, review or introduce topics that are emphasized at another grade level.
- 13. Compliance with all relevant Education Code sections, including 233.5, 32262, 33041, 35294, 35294.8, 35291.1, 44645, 44806, 49020-23, 49530, 49534, 51201.5, 51202, 51203, 51210, 51220, 51220.5, 51222, 51223, 51225.3, 51229-29.5, 51229.8, 51240, 51260-69, 51510, 51511, 51513, 51550, 51553, 51554, 51555, 51860, 51880, 51890, 51891, 51911, 51912, 51913, 51914,
- 51915, 60041, 60044, 60060, 60061, 60061.5, 60062, 60110-15, and 60800, as well as Health School Code 11802.
- 105 (Commissioners please note: The listed codes are found in the Framework and Framework Addendum).
- 107 14. Programs with consistent or gross inaccuracies or a large number of errors108 will not be considered for adoption.

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- Criteria categories 2-5 shall be considered after a program has been determined to 110
- 111 have the necessary content. A program failing to meet any of categories 2-5 of the
- criteria will not be approved. In failing to meet one area category of the criteria, a 112
- program must have a glaring weakness and/or significant gaps as to be determined 113 not worthy of adoption.

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#### **Criteria Category 2: Program Organization**

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- Sequential organization of the Health program provides structure related to what 118
- students should learn each year and allows teachers to convey the Health content 119
- efficiently and effectively. The program will be well organized and presented in a 120
- manner consistent with providing all students an opportunity to achieve the 121
- essential knowledge and skills described in the Framework. A program must 122
- designate which grade level(s) is/are being addressed. 123

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125 To be considered suitable for adoption, instructional materials in Health must 126 provide:

- 1. Instructional resources, aligned with the Health Framework, that introduce new 128 knowledge and skills at a reasonable pace and depth of coverage, and explicitly 129 130 prepare students for later grade level(s).
- 2. The organization of the program provides a logical and coherent structure that 131 facilitates efficient and effective teaching and learning within a lesson, unit, and 132 year aligned with the Health Framework and the grade-level emphases chart. 133
- 3. Clearly stated student outcomes and goals that are measurable and framework-134 135 based.
- 4. An overview of the content in each chapter or unit which designates how the 136 137 lesson supports the Framework.
- 5. A well-organized structure that provides students with the opportunity to learn 138 the grade level topics and build upon a knowledge and skills obtained at earlier 139 grade levels. 140
- 6. A variety of activities and texts that organize the content in the grade level in a 141 logical way, such that prerequisite skills and knowledge are developed before 142 the more complex concepts and understandings which depend on them. 143
- 7. Tables of contents, indices, glossaries, content summaries, references, and 144 assessment guides that are designed to help teachers, parents/guardians, and 145 146 students.

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## **Criteria Category 3: Assessment**

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Assessment should measure what students know and are able to do. Instructional resources should contain multiple measures to assess student progress. Assessment measures should reveal students' knowledge and understanding of health content. Assessment tools that publishers include as part of their instructional material should provide evidence of students' progress towards meeting the grade level emphasized topics. Assessment tools should provide information teachers can use in planning and modifying instruction to help all students meet the grade-level emphasized topic.

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To be considered suitable for adoption, instructional materials in Health must provide:

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- 1. Strategies or instruments teachers can use to determine students' prior knowledge.
- 2. Multiple measures of individual student progress at regular intervals to evaluate attainment of grade level knowledge, understanding, and ability to independently apply health concepts, principles, theories and skills, including assessment of health-related behaviors and their ability to evaluate the accuracy of health-related information and to seek reputable resources and information.
- 3. Guiding questions for monitoring student comprehension.
- 4. Assessments students can use to evaluate and improve the quality of their own work.
- 5. The program should include formative, summative, and cummulative assessments of student work.

### Criteria Category 4: Universal Access

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Instructional materials should provide access to the curriculum for all students including those with special needs: English language learners, advanced learners, students with learning difficulties, and special education students. Programs must conform to the policies of the State Board, as well as other applicable state and federal guidelines, pertaining to diverse populations and students with special needs.

To be considered suitable for adoption, instructional materials in Health must provide:

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- 1. Suggestions based on current and confirmed research for ways to adapt the curriculum and the instruction to meet students' assessed special needs.
- 2. Strategies to help students who are below grade level in reading, writing, speaking, and listening in English understand the Health content.
  - 3. Suggestions for advanced learners that are tied to the Framework and that allow students to study content in greater depth.

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# Criteria Category 5: Instructional Planning and Support

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Teacher support materials should be built into the instructional materials and should specify suggestions and illustrative examples of how teachers can implement the Health Framework. Assistance should be designed to help the teacher implement the program in a way that insures the opportunity for all students to learn the essential skills and knowledge called for in the Framework, including health literacy. These criteria do not recommend or require one particular pedagogical approach. Publishers should make recommendations to teachers regarding instructional approaches that fit the instructional goals. Programs should provide teachers with a variety of instructional approaches.

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To be considered suitable for adoption, planning and support resources in Health must provide:

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- 1. Clearly written and accurate explanations of health content, with suggestions for connecting health concepts with other areas of the curriculum.
- 2. Strategies to address and correct common misconceptions about health topics.
- 213 3. A variety of pedagogical strategies.
- 4. Lesson plans and suggestions for organizing resources in the classroom andideas for pacing lessons.
- 5. Support for or access to research-based programs (i.e. those meetingcriteria described in *Getting Results* or are validated by the Centers for Disease
- 218 Control and Prevention (CDC). Criteria for Getting Results and CDC are found
- in Addendum #1 of the Health Framework).
- 220 6. A list of materials that support the Health Framework.

- 7. Suggestions and information for teachers to locate, interpret, convey, and apply medically and scientifically accurate content, and current, confirmed research.
- 8. Suggestions for how to use student assessment data within the program for instructional planning purposes.
- 9. Technical support and suggestions for appropriate use of audiovisual, multi-media, and information technology resources associated with a unit.
- 10. Suggestions for linking the classroom with reputable community resources, in a manner consistent with school policy.
- Suggestions for activities and strategies to inform parents/guardians about the
  Health program and to provide connections among students, parents,
  guardians, and the community.
- 232 12. References and resources for the teacher to provide further study of health topics and suggestions for teachers' assessments of own health behaviors for modeling purposes.
- 235 13. Demonstration of electronic resources (e.g. videos, CDs) for teachers, depicting appropriate teaching techniques and teaching suggestions.
- 237 14. Homework assignments that support classroom learning, written so that parents/guardians can easily help their children.
- 239 15. Suggestions that encourage students to study content in greater depth.
- 240 16. Teacher's edition includes ample and useful annotations and suggestions on 241 how to present the content in the student edition and ancillary materials.